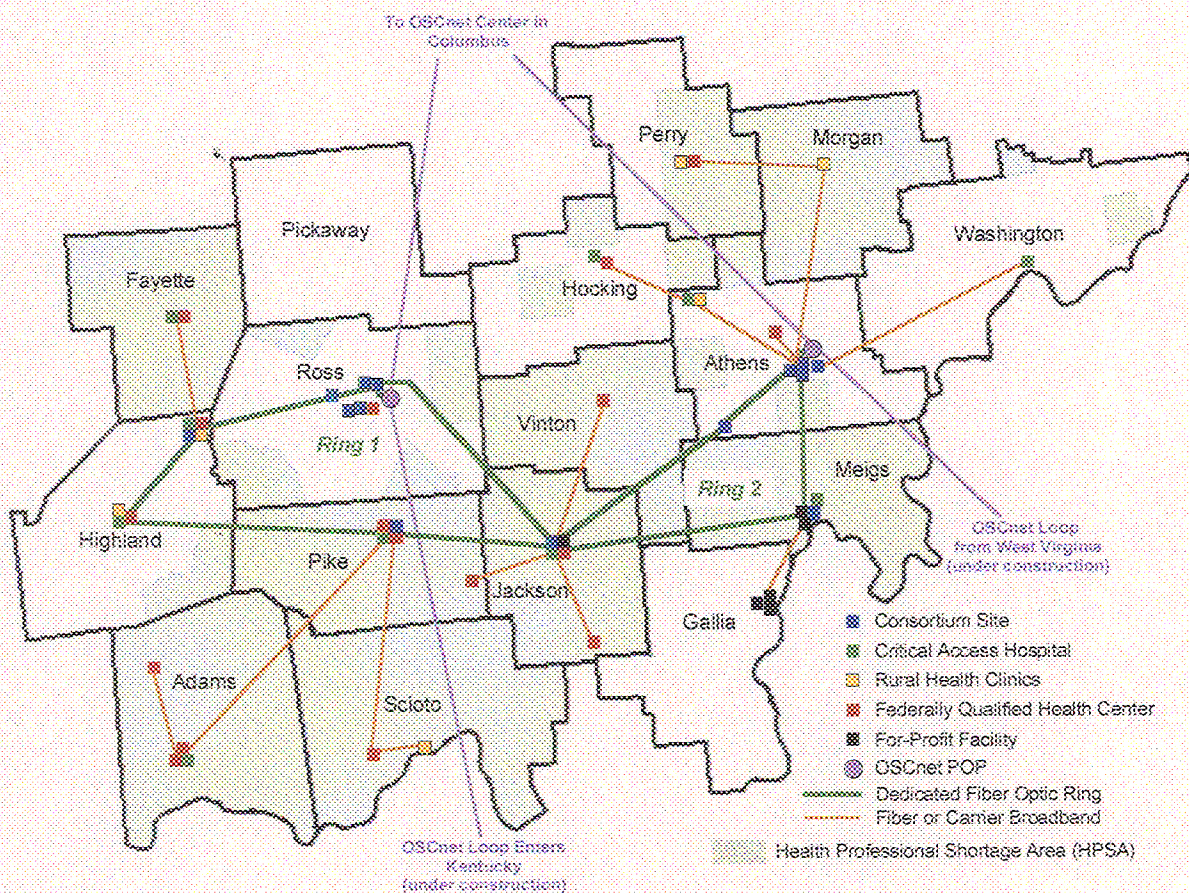




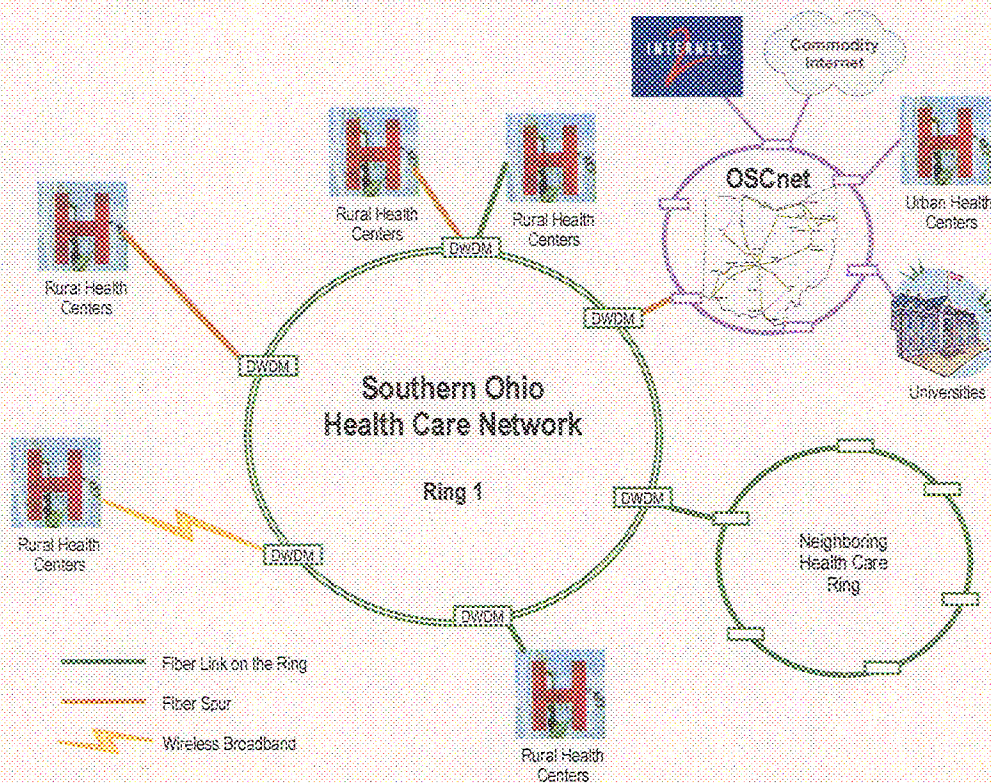
## The Network Design

### Technology Plan

- Construct or purchase fiber optic rings to create a redundant backbone connecting the largest concentrations of health care facilities.
  - o Ring 1: South-central Ohio
    - 175 miles of six-strand fiber optic cable.
    - Fault tolerant dense wave division multiplexing (DWDM) electronics.
    - Establish five health care points-of-presence (H-POP).
    - Gigabit Ethernet (1 Gbps) connections to facilities on the ring.
  - o Ring 2: Southeastern Ohio
    - 140 miles of six-strand fiber optic cable.
    - Fault tolerant dense wave division multiplexing (DWDM) electronics.
    - Establish three health care points-of-presence (H-POP).
    - Gigabit Ethernet (1 Gbps) connections to facilities on the ring.



- Interconnect the Southern Ohio Health Care Network to the Ohio Supercomputing Center network (OSCnet) for access to urban health care providers, universities, Internet2 and commodity Internet services. The interconnection will occur in two locations:
  - o O'Bleness to OSCnet Fiber Spur in Athens
    - 1 mile of six strand fiber optic cable in Athens to OSCnet POP.
    - Gigabit Ethernet electronics.
  - o Adena to OSCnet in Chillicothe
    - Fiber already in place.
    - Upgrade existing OC-3 to Gigabit Ethernet.



- Connect health care facilities not located on a ring to the nearest H-POPs using the most cost effective solution for each location from among the following options:
  - o Privately owned fiber spurs running Gigabit Ethernet (1 Gbps).
  - o Private wireless links at minimum of Fast Ethernet (100 Mbps).
  - o Carrier provided wired broadband services at a minimum of:
    - Fast Ethernet (100 Mbps) for hospitals and clinics.
    - Ethernet (10 Mbps) for small practices.
  - o Carrier provided wireless broadband links at minimum of:
    - Fast Ethernet (100 Mbps) for hospitals and clinics.
    - Ethernet (10 Mbps) for small practices.

- Deploy next generation telemedicine and continuing education infrastructure to provide immersive experiences and sophisticated simulations.
- Interconnect with the statewide emergency communications network (MARCS).
- Support economic development, digital divide and K-20 initiatives in the service region by activating additional fiber wavelengths on the fiber rings through the addition of DWDM transceivers.

### Relationship with OSCnet

The proposed network builds upon the model established by OSCnet with the statewide backbone connecting to local and regional fiber rings. OSCnet will also provide key technical guidance in the engineering of the network. Further, if the bidding process results in a private network build, OSCnet is willing to partner with the Southern Ohio Health Care Network for the on-going maintenance, operations and help desk support of the network its affiliated health care providers.



### Membership Types and Methods of Cost Sharing

Given the great need for broadband in the service region, we anticipate sharing the bandwidth of the DWDM infrastructure for a wide variety of purposes. We envision at least four types of members of the network, each operating on their own dedicated DWDM lambda.

- |                  |                        |
|------------------|------------------------|
| - Health Care    | - Economic Development |
| - Digital Divide | - K-20                 |

Each member type would be responsible for funding the cost of the incremental electronics needed to "light their lambda" on the DWDM infrastructure and other related hardware and network management.

As for the cost of the fiber itself, our proposal intends for the capital and maintenance costs to be covered by the Rural Health Care Program. Given the population density and the size of the communities, attempting to amortize the fiber costs in the connection fees would price the network out of range for most of the target audience.

In providing connectivity to the health care facilities, we see the following categories of cost:

- |                        |                         |
|------------------------|-------------------------|
| - Fiber optic backbone | - "Lighting the Lambda" |
| - Last mile connection | - Local router          |

In all cost categories, there will be both capital and operating costs. Our intent is to pay much of the capital costs through the Rural Health Care Pilot Program funding, thus delivering low recurring costs that reflect operational costs rather than amortization of capital costs. On the health care lambda, we envision the following membership sub-types and cost sharing arrangement:

- Federally designated, e.g. FQHC and CAH, pays for:
  - o Fiber optic backbone [no capital : no operating]
  - o "Lighting the Lambda" [no capital : no operating]
  - o Last mile costs [no capital : partial operating]
  - o Local router costs [no capital : full operating]
- Non-profit qualified health care entity without Federal designation:
  - o Fiber optic backbone [no capital : no operating]
  - o "Lighting the Lambda" [no capital : no operating]
  - o Last mile costs [no capital : full operating]
  - o Local router costs [full capital : full operating]
- Other non-profit health care entities: e.g. nursing homes, hospices, etc.:
  - o Fiber optic backbone [no capital : no operating]
  - o "Lighting the Lambda" [no capital : no operating]
  - o Last mile costs [partial capital : full operating]
  - o Local router costs [full capital : full operating]
- For-profit health care entities:
  - o Fiber optic backbone [no capital : no operating]
  - o "Lighting the Lambda" [no capital : partial operating]
  - o Last mile costs [full capital : full operating]
  - o Local router costs [full capital : full operating]

PHASE 1 REQUEST

## Phase 1 Funding Request and Project Plan

Rather than attempting to tackle the entire network scope at one time, we are proposing a phased approach. This application seeks funding for what we have defined as Phase 1 with later phases to be determined from the engineering studies with funding requested in subsequent years. Matching funds will be from capital reserves and existing allocations for telecommunications services.

### Phase 1 Budget Summary

	Capital	Annual Operating	Funding Share
Rural Health Care Pilot Project	\$12,163,573	\$882,922	85%
Adena and O'Bleness	\$2,146,513	\$155,810	15%
<b>Pilot Project Totals</b>	<b>\$14,310,086</b>	<b>\$1,038,732</b>	<b>100%</b>

### Phase 1 Budget Components

Activity	Capital	Annual Operating
Ring 1: Fiber Build	\$9,990,000	\$336,000
Ring 1: Lighting the Ring	\$1,920,000	\$192,000
O'Bleness to OSCnet Fiber Spur	\$89,086	\$5,120
Engineering Studies	\$429,000	\$0
Internet2 Memberships	\$0	\$50,000
Telemedicine Technology	\$560,000	\$140,000
Continuing Education Technology	\$412,000	\$103,000
Project Management	\$910,000	\$82,612
OSCnet Interconnection Fees	\$0	\$130,000
<b>Grand Totals</b>	<b>\$14,310,086</b>	<b>\$1,038,732</b>

### "Not to Exceed" Basis of Budget

This budget represents the projected costs for a private network build. We present this as a "not to exceed" budget due to the possibility of financial participation of one of the incumbent carriers. In such a scenario, the Southern Ohio Health Care Network would become an "anchor tenant" for a carrier network build serving broader purposes.

In the event that Ring 1 costs are less than projected, we request the flexibility to expand the scope of Phase 1 by using the remaining Rural Health Care Pilot funding to tackle the top priorities that emerge from the engineering studies (detailed later in this proposal).

## Proposed Engineering Studies

The intent of the engineering studies is to design, price and prioritize the remaining phases of the proposed Southern Ohio Health Care Network.

Ring 1 Last Mile Design	\$120,000
Ring 2 Design	\$60,000
Ring 2 Last Mile Design	\$90,000
MARCS Emergency Network Interconnection Design	\$24,000
Economic Development, Digital Divide and K-20 Design	\$45,000
Study Utilization Barriers for Existing Program	\$90,000

<b>Total Engineering Studies</b>	<b>\$429,000</b>
----------------------------------	------------------

Ring 1 Last Mile Design: For the health care facilities outside the reach of the fiber ring, determine the most cost effective approach for providing "last mile" connectivity to the nearest H-POP. Options to consider include:

- Extending private fiber spurs or broadband wireless links.
- Utilizing incumbent carriers to provide wired or wireless broadband connectivity.

Ring 2 Design – This engineering study would focus on the design of the second fiber ring and identify the facilities to host H-POPs.

Ring 2 Last Mile Design: For the health care facilities outside the reach of the fiber ring, determine the most cost effective approach for providing "last mile" connectivity to the nearest H-POP. Options to consider include:

- Extending private fiber spurs or broadband wireless links.
- Utilizing incumbent carriers to provide wired or wireless broadband connectivity.

MARCS Emergency Network Interconnection Design – This engineering study would determine the most effective means for connecting the health care network to the MARCS network.

Economic Development, Digital Divide and K-20 Design – This engineering study would investigate the opportunities to interconnect with existing networks and/or support the establishment of new network supporting economic development, digital divide and K-20 needs.

Study of Utilization Barriers for Existing Program – As we move forward with this pilot project, we have an excellent opportunity to assess why utilization of the existing Rural Health Care program is so low. In early discussions we found considerable confusion on the part of health care organizations that knew of the program and total lack of awareness on the part of others. This report would help inform efforts to reach out to rural health care providers to increase utilization of the existing program.

### Telemedicine Infrastructure

We request that the Pilot also fund the basic equipment necessary for the audio and video transmissions to complete the infrastructure needed for telemedicine. The requested funding would **not** provide the diagnostic add-on equipment.

The telemedicine site kit will support high definition (HD) and high fidelity audio, adding much flexibility to the telemedicine environment. The specific technology selected remains to be determined. Clinical diagnostic add-on equipment would be funded from other sources.

Few of the rural practitioners could afford such an investment. Thus without the funding for additional telemedicine infrastructure, this aspect of the project will grow slowly as additional grants are sought.

#### Telemedicine Equipment

	Each	Qty	Total	Annual
Site Kit	\$35,000	16	\$560,000	\$140,000

The sixteen telemedicine site kits proposed in this funding request would provide one unit in each service area. The recipients will be determined based on interest, applicability and commitment to collaborate with other neighboring health care providers.

### Continuing Education Infrastructure

We request that the Pilot also fund the basic equipment necessary for the audio and video transmissions to complete the infrastructure needed for continuing medical education for physicians and allied health professionals. The "video kits" would provide video conferencing and computer hardware to support training, simulations and on-line collaboration sessions. The specific technology selected remains to be determined. The possibilities include the emerging Internet 2 Digital Video Transport System (DVTS) and the AccessGrid technology.

In addition, we propose providing a web conferencing capacity that supports both synchronous and asynchronous collaboration among special interest groups, e.g. communicable diseases. The product would provide "persistent rooms" that participants can enter at any time to retrieve documents, review recordings of previous sessions or participate in real-time discussions.

Without the funding for the continuing education infrastructure, this aspect of the project will grow slowly as additional grants are sought.

#### CME Equipment

	Each	Qty	Total	Annual
Video Kit	\$22,000	16	\$352,000	\$88,000
Web Conferencing	\$60,000	1	\$60,000	\$15,000
CME Totals			\$412,000	\$103,000

The sixteen video and data conferencing packages proposed in this funding request would provide one unit in each service area. The recipients will be determined based on interest, applicability and commitment to collaborate with other health care providers.

### Project Management

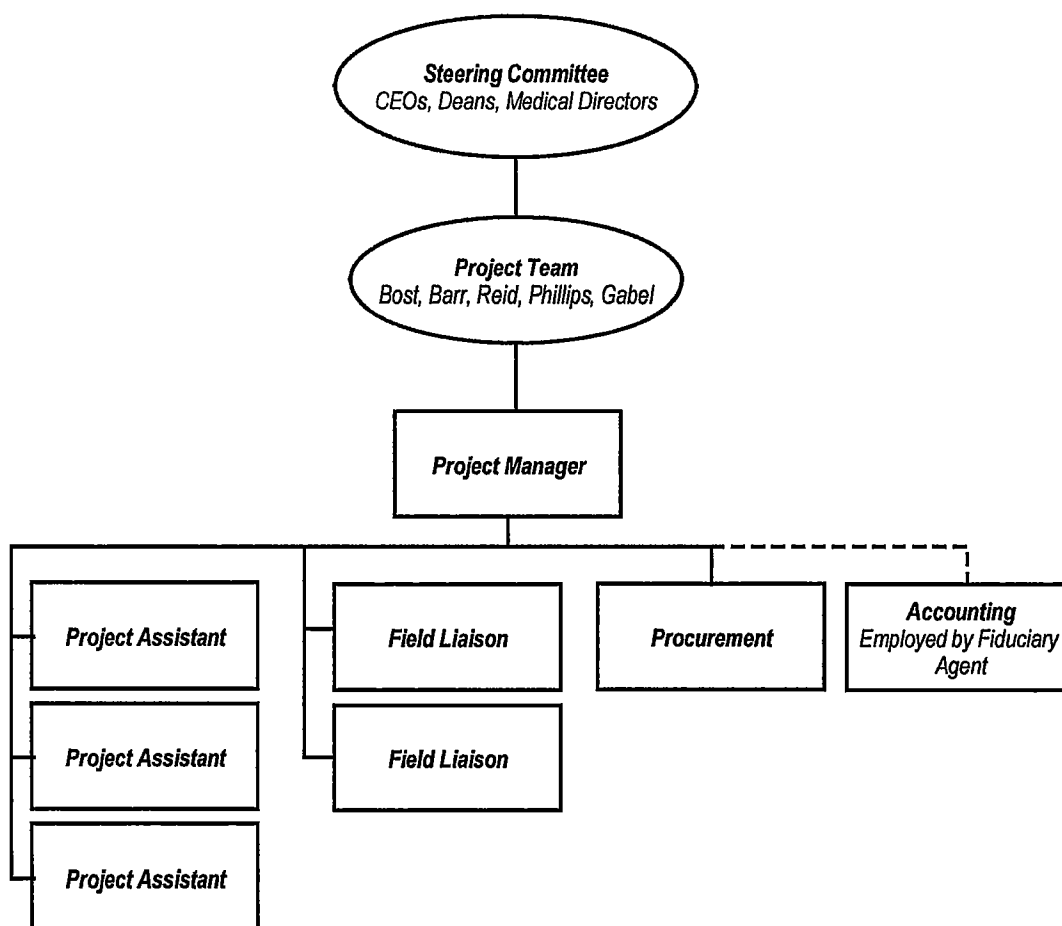
This project would require additional dedicated staff for the duration of the project. We propose hiring a consulting company to provide these services except for the accounting support, which would come from the fiduciary agent – Adena Health System.

Project Management - Contracted	\$275,000
Project Assistants - Contracted (3)	\$285,000
Field Liaisons - Contracted (2)	\$190,000
Accounting Support - Internal to Adena	\$65,000
Procurement Support - Contracted	\$95,000

<b>Total Project Management and Admin.</b>	<b>\$910,000</b>
--	------------------

### Management Structure

The management structure would provide a collaborative and deliberative process for driving the project and for coordinating telemedicine initiatives. Keeping the accounting function under the fiduciary agent would provide the needed financial oversight.



### Project Team

The Southern Ohio Health Care Network offers a strong project team made up principally of long-time residents of the service area who have with the experience and expertise to bring the project to successful completion.

- Marcus Bost, CIO, Adena Health System
  - o 15 years experience in the field.
  - o 15 years management experience on the carrier side of the house.
  - o Tech company start-up experience.
  - o Project leader for the community health record effort.

*Lifelong resident of the service region.*
- Tom Reid, President, Reid Consulting Group LLC
  - o 25 years experience in the field.
  - o 15 years consulting experience.
  - o Numerous multi-year, multi-million dollar projects.
  - o Statewide leadership on several high profile projects.

*Resident of the service region for 27 years.*
- Kristine Barr, CIO, O'Bleness Health System
  - o 8 years experience in the field.
  - o 7 years as CIO of growing health care system.
  - o Strong track record with clinical automation.

*Lifelong resident of the service region.*
- Brian Phillips, CIO, Ohio University College of Medicine
  - o 27 years experience in the field.
  - o Executive Director of Ohione telemedicine project.
  - o Organizer of regional RHIO.
  - o Statewide involvement in HIT planning.

*Resident of the service region for 30 years.*
- Lawrence Gabel, Professor and Vice Chair for Academic Affairs, Ohio State University College of Medicine
  - o 31 years experience in the field.
  - o Pioneer in telemedicine research and application.
  - o Faculty member in the Department of Family Medicine
  - o Statewide involvement in HIT planning.

*Lives outside the service region.*

## Work Plan and Schedule

### Retain Project Management Consultants

	Start	End
Bid	1-Jul-07	28-Jul-07
Award	28-Jul-07	7-Aug-07
Ramp-up	7-Aug-07	7-Sep-07

### Ring 1: Build

	Start	End
Bid	15-Jul-07	15-Aug-07
Award	15-Aug-07	7-Sep-07
Construct	7-Sep-07	7-Jan-08
Light	7-Jan-08	22-Feb-08
OSCnet Interconnection	15-Feb-08	28-Feb-08
Facility Cut-Overs	1-Mar-08	15-Apr-08

### Ring 1: Last Mile Design

	Start	End
Bid	15-Jul-07	15-Aug-07
Award	15-Aug-07	7-Sep-07
Report	7-Sep-07	7-Dec-07

### Ring 1: Last Mile Connections (if funding remains)

	Start	End
Prioritize	7-Dec-07	22-Dec-07
Bid	1-Jan-08	28-Jan-08
Award	28-Jan-08	12-Feb-08
Construct	12-Feb-08	12-May-08
Light	12-May-08	30-May-08
Facility Cut-Over	30-May-08	15-Jul-08

### Ring 2: Design

	Start	End
Bid	7-Sep-07	28-Sep-07
Award	28-Sep-07	7-Oct-07
Report	7-Oct-07	22-Nov-07

### Ring 2: Last Mile Design

	Start	End
Bid	22-Nov-07	20-Dec-07
Award	20-Dec-07	10-Jan-08
Report	10-Jan-08	15-Apr-08

**Utilization Barriers Study**

	Start	End
Bid	1-Oct-07	28-Oct-07
Award	28-Oct-07	14-Nov-07
Report	14-Nov-07	15-Mar-08

**MARCS Interconnection Study**

	Start	End
Bid	1-Oct-07	28-Oct-07
Award	28-Oct-07	14-Nov-07
Report	14-Nov-07	22-Dec-07

**Telemedicine Infrastructure**

	Start	End
Bid	1-Feb-08	28-Feb-08
Award	28-Feb-08	15-Mar-08
Facility Selection	1-Feb-08	15-Mar-08
Install, Test and Train	30-Mar-07	30-May-08

**Continuing Education Infrastructure**

	Start	End
Bid	1-Feb-08	28-Feb-08
Award	28-Feb-08	15-Mar-08
Facility Selection	1-Feb-08	15-Mar-08
Install, Test and Train	30-Mar-07	30-May-08

**Economic Development, Digital Divide, K-20 Design**

	Start	End
Bid	1-Feb-08	28-Feb-08
Award	28-Feb-08	15-Mar-08
Report	1-Feb-08	20-Apr-08

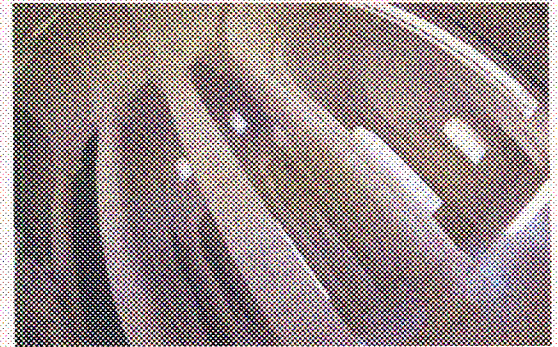
**Year 2 Funding Application**

	Start	End
	15-Mar-08	5-May-08

### Sustainability

The Southern Ohio Health Care Network, as proposed, will be sustainable due to:

- Support from the two largest non-profit health care systems in the region.
- Buy down of capital costs to keep recurring costs within the budget range of the rural providers.
- Existing expenses for T-1's and other communications facilities will remain committed to the overall project.
- Increased reimbursement for telemedicine services.
- More effective sharing of expertise within the region.
- Continued support from the Rural Health Care program.



### Assessment Plan

Rigorous assessment will be essential to gauge the effectiveness of the Southern Ohio Health Care Network as a model for replication in other rural areas. As the Commission acknowledges, two years is not a very long period of time for such ambitious plans to demonstrate their full results, but trend data will begin to emerge in the study period that will be useful. Longitudinal capture of data sets will enrich the assessment over time, outside of the pilot program's timeline.

Initial factors for assessment will include:

- Compliance with stated objectives and network architecture.
- Numbers of connections made to health care facilities.
- Operational stability of the network and services.
- Growth in telemedicine services.
- Change in patient satisfaction with telemedicine.
- Utilization of continuing education network.

### **Rule Adjustments Requested**

The partners in this proposal request that several rules of the existing Rural Health Care program be waived for the Southern Ohio Health Care Network pilot project.

#### Number of Locations on a Form 465

Normally, one Form 465 is filed per location. We request the ability to file requests for multiple locations on a single Form 465 to better address the creation of fiber rings and exploration of last mile solutions.

#### Disbursements of Funds

Our proposal for the Pilot program involves large capital investments and payments to consultants and engineers. Thus we request the ability to have capital disbursements based on agreed upon milestones, ideally paid directly to contractors, consultants and engineers.

#### Retaining Consultants and Engineers

We propose retaining a consulting company to provide project management and engineering firms to provide design work. We request the ability to either use the established Form 465 process for bidding this work, or alternately the ability to locally bid and award these contracts and then be reimbursed by the Pilot Program.

#### Common Carrier Requirement

We request that the Commission waive the requirement that service providers be common carriers. This will increase the competitive options for meeting the service needs. For instance, the fiber rings may be private networks owned by the health care consortium and operated by OSCnet. As another example, a local wireless provider may be the best solution for some last mile connections. The funding and flexibility for the Southern Ohio Health Care Network to consider private build options will keep the carriers from being complacent.

#### Equipment Charges: Capital and Operating

Generally the Rural Health Care project does not fund equipment costs. We request a waiver of this rule so that the Pilot funding can be used to pay both capital and recurring costs for:

- DWDM hardware
- Telemedicine site kits
- Continuing education site kits

/  
FACILITIES COVERED

## Health Care Facilities in the Service Area

Name	Phone	Address	City	ZIP	Desig	RUCA
Seaman Health Center	937-386-1379	218 Stern Dr.	Seaman	45679	FQHC	10.4
Family Health Care, Inc.	740-596-5249	31891 State Route 93 North	McArthur	45651	FQHC	10
Crooksville Family Clinic	740-982-6872	712 China St.	Crooksville	43731	RHC	9.2
Meigs Medical Clinic	740-992-9158	113 East Memorial Dr.	Pomeroy	45769		9.2
CAC of Pike County - Family Health Centers	740-682-6758	350 Charlotte Ave, PO Box 294	Oak Hill	45656	FQHC	9
Oak Hill Community Medical Center	740-682-7717	350 Charlotte Ave.	Oak Hill	45656		9
Beaver Health Center	740-226-1924	7046 State Route 335	Beaver	45613	FQHC	8
CAC of Pike County - Family Health Centers	866-470-8129	7777 State Route 23	Pikeeton	45661	FQHC	8
Community Health Clinic	937-840-0180	1440 N High St.	Hillsboro	45133	RHC	8
Highland District Hospital	937-393-6100	1275 North High St.	Hillsboro	45133	CAH	8
Hillsboro Health Center	937-393-5781	104 Etn Ct.	Hillsboro	45133	FQHC	8
Adena Urgent Care - Waverly	740-941-5150	12340 State Route 104	Waverly	45690		7.4
CAC of Pike County - Family Health Centers	740-947-7726	227 Valleyview Dr.	Waverly	45690	FQHC	7.4
Doctors Hospital of Nelsonville	740-753-1931	1950 Mount Saint Mary's Dr.	Nelsonville	45764	CAH	7.4
Family Health Care, Inc.	740-380-3730	1383 West Hunter St.	Logan	43138	FQHC	7.4
Family Health Care, Inc.	614-342-4192	409 Lincoln Dr.	New Lexington	43764	FQHC	7.4
Greenfield Area Medical Center	937-981-9400	550 Mirabeau St.	Greenfield	45123	CAH	7.4
Greenfield Family Health Center	937-981-7707	1075 North Washington	Greenfield	45123	FQHC	7.4
Greenfield Medical Services	937-840-6687	1092 West Jefferson St.	Greenfield	45123	RHC	7.4
Hocking Valley Community Hospital	740-380-8000	601 State Route 664 North	Logan	43138	CAH	7.4
Nelsonville Family Practice	614-753-4436	222 Myers St.	Nelsonville	45764	RHC	7.4
North Street Medical Center (CAC)	740-947-2131	215 W. North St.	Waverly	45690	RHC	7.4
Perry County Family Practice	740-342-5158	1625 Airport Rd, P.O. Box 596	New Lexington	43764	RHC	7.4
Pike Community Hospital	740-947-2186	100 Dawn Ln.	Waverly	45690	CAH	7.4
Adams County Hospital	937-544-5571	210 N. Wilson Dr.	West Union	45693	CAH	7.3
Panhandle Health Center	513-544-3502	9137 St Rt 136	West Union	45693	FQHC	7.3
West Union Family Health Center	513-544-5536	150 Chestnut Ridge	West Union	45693	FQHC	7.3
Adena Urgent Care - Jackson	740-395-8050	1000 Veterans Dr.	Jackson	45640		7
CAC of Pike County - Family Health Centers	740-286-2826	14590 State Route 93	Jackson	45640	FQHC	7

Family Health Service	740-962-5266	442 S Main St.	Malta	43758	RHC	7
Holzer Medical Center	740-395-8801	500 Burlington Rd.	Jackson	45640	CAH	7
Jenkins Memorial Health Clinic	740-384-2167	140 Jenkins Rd.	Wellston	45692	RHC	7
Albany Medical Clinic	740-698-1900	2364 Blizard Ln.	Albany	45710		5
CAC of Pike County - Family Health Centers	740-858-1063	23030 State Route 73	West Portsmouth	45663	FQHC	5
Holzer Medical Center	740-446-5411	100 Jackson Pike	Gallipolis	45631		5
ACVNA	740-594-8226	30 Herold Ave.	Athens	45701		4
Adena Counseling Center	740-779-4888	455 Shawnee Ln.	Chillicothe	45601		4
Adena Home Care Services	740-779-4663	111 West Water St.	Chillicothe	45601		4
Adena Medical Office Building	740-779-7500	4439 State Route 159	Chillicothe	45601		4
Adena Regional Medical Center	740-779-7500	272 Hospital Rd.	Chillicothe	45601		4
Adena Rehabilitation & Wellness Center	740-779-7661	445 Shawnee Ln.	Chillicothe	45601		4
Adena Urgent Care - Chillicothe	740-779-8440	55 Centennial Blvd.	Chillicothe	45601		4
Athens Cancer Center	740-566-4600	75 Hospital Dr., Suite 230	Athens	45701		4
Athens Medical Laboratory	740-593-8240	400 East State St.	Athens	45701		4
Athens Perry WIC Program Family Healthcare	740-594-8143	88 N. Plains Rd. STE 1	The Plains	45780	RHC	4
Athens Surgery Center	740-566-4500	75 Hospital Dr., Suite 100	Athens	45701		4
CAO of Scioto County Health Clinic	614-353-3173	411 Second St.	Portsmouth	45662	RHC	4
Cornwell Center	740-566-4850	65 Hospital Dr.	Athens	45701		4
Dr John Ditraglia Pediatrics	614-354-6605	717 5th St.	Portsmouth	45662	RHC	4
Family Health Care, Inc.	740-594-8143	315 1/2 West Union St.	Athens	45701	FQHC	4
Family Health Care, Inc.	740-773-1006	1049 Western Ave.	Chillicothe	45601	FQHC	4
Family Health Care, Inc.	740-385-2555	88 N. Plains Rd.	The Plains	45780	FQHC	4
Family Practice Clinic	740-566-4925	444 West Union St., Suite E.	Athens	45701		4
Health First	740-594-7979	510 West Union St.	Athens	45701		4
O'Bleness Memorial Hospital	740-593-5551	55 Hospital Dr.	Athens	45701		4
River Rose	740-594-8819	75 Hospital Dr., Suite 260	Athens	45701		4
Ross County Ambulatory Clinic	614-773-4366	425 Chestnut St.	Chillicothe	45601	FQHC	4
Southern Ohio Medical Center	740-356-5000	1805 27th St.	Portsmouth	45662		4
Washington Court House Family Health Center	740-335-8608	1450 Columbus Ave, Ste 203	Washington Ct Hs	43160	FQHC	4
Marietta Memorial Hospital	740-374-1400	401 Matthew St.	Marietta	45750		1
Selby General Hospital	740-568-2000	1106 Colegate Dr.	Marietta	45750	CAH	1

## LETTERS OF SUPPORT

May 3, 2007

Jeremy D. Marcus  
Chief, Telecommunications Access Policy Division  
Wireline Competition Bureau  
Federal Communications Commission  
445 12 Street, SW  
Washington, DC 20554

Dear Mr. Marcus:

On behalf of State of Ohio Broadband network, I am pleased to write in strong support of the proposal that is being submitted jointly by the Adena and O'Bleness Health Systems to the Federal Communication Commission in response to the Rural Health Care Support Mechanism, WE Docket No. 02-60.

This proposal's strengths include its:

- Consortium of nine members, including non-profit health systems, academic medical centers, health care organizations, and the Ohio Supercomputer Center;
- Focus on 15 rural counties (including 9 of the 10 most impoverished areas in Ohio), 17 federally designated Health Professional Shortage Areas, and areas with Rural-Urban Community Area codes as high as 10;
- Inclusion of more than 50 health care facilities, including 17 Federally Qualified Health Clinics, 9 Critical Access Hospitals, and 6 Rural Health Clinics;
- Creation of a pilot project to serve as a model for other rural areas;
- Leadership derived from within the rural service region and commitment of the two largest non-profit health systems to leverage resources and health professional relationships;
- Linkages to the statewide emergency communications network and K20 initiatives;
- Use of Internet2's high bandwidth network to provide access to unmatched content and support; and
- Likelihood of enhancing telehealth in Ohio through a unified, inclusive, and sustainable network, enhancing collaboration among health care providers, enhancing continuing education efforts, improving access to specialty medical care (particularly in the areas of neonatal and psychiatric care), enhancing the timely and accurate delivery of health care records and creating a regional health information organization (RHIO),



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Stanley C. Ahalt, Ph.D.,  
*Executive Director*

Ohio Supercomputer Center  
1224 Kinnear Road  
Columbus, OH 43212-1163

(614) 292-9248 *phone*

(614) 292-7168 *fax*

[www.osc.edu](http://www.osc.edu) *website*

improving emergency communications, and cost-effectively improving statewide health care.

The proposal will work in conjunction with the State of Ohio Broadband Network to expand the telehealth infrastructure and provide high speed connections to all participants. By utilizing the State of Ohio Broadband Network, this proposal will be able to take advantage of State of Ohio's current \$30M investment in development of a next generation network. This network represents a high speed fiber optic design, utilizing dense wave division multiplexing platform which offers almost unlimited bandwidth to serve as the gateway to both urban and rural areas of the state, as well as access to national networks such as Internet 2 and National Lambda Rail. State of Ohio Broadband Network has a significant history of working with carriers and community groups to expand access to broadband services while driving down operational costs. The use of Ohio Broadband Network will provide an effective, secure environment to facilitate the exchange of reliable data, and digital image, voice, and video transmissions with quality to enhance real-time clinical consultation.

We feel that the State of Ohio Broadband Network, Adena and O'Brien Health Systems' proposal represent a unique combination of networking and services that when taken together will provide the type of synergy and impact being sought by these grants. We also feel that with emphasis being placed on the sustainability of these efforts after the initial grant is expended is greatly enhanced by the State investments in networking and our desire to continue these efforts.

We are pleased to offer our strong support for this innovative proposal, which will enhance the provision of telehealth and telemedicine services regionally and nationwide.

Sincerely,

*Stanley C. Ahalt*

Stanley C. Ahalt, Ph. D.  
Executive Director, Ohio Supercomputer Center  
Co-Chair, Ohio Broadband Network



OHIO  
UNIVERSITY

College of Osteopathic Medicine

May 2, 2007

Office of the Dean  
Grosvenor Hall 204  
Athens OH 45701-2979

T: 740.593.9350  
F: 740.593.0761

Jeremy D. Marcus  
Chief, Telecommunications Access Policy Division  
Wireline Competition Bureau  
Federal Communications Commission  
445 12 Street, SW  
Washington, DC 20554

Dear Mr. Marcus:

This letter is written in support of the application for funding submitted by Adena Health System and O'Bleness Health System to the Federal Communications Commission's Rural Health Care Pilot Program. The Ohio University College of Osteopathic Medicine (OU-COM) believes that the Pilot Program has the potential to significantly improve health care in rural communities through "the creation of a nationwide broadband network dedicated to health care, connecting public and private non-profit health care providers in rural and urban locations." Given the Appalachian Ohio region's high poverty rates and limited healthcare infrastructure, such access to health information will be invaluable for community wellness.

OU-COM supports the goals of the Southern Ohio Health Care Network proposal to increase the regional information infrastructure which will enable improved inter-physician communication, allow for increased telemedicine encounters and benefit homeland security by a connection to the statewide emergency communications network. This proposal aligns with the multidisciplinary goals of OU-COM as our staff, faculty and graduates go into the field to serve the health needs of people within the Appalachian region.

OU-COM is pleased to endorse the application submitted by the Adena and O'Bleness Health Systems. The coordination of regional and statewide health information technology partnerships is essential to developing new economic opportunities and growth in the Appalachian region. We strongly support the favorable consideration of this project by the Federal Communications Commission and look forward to the opportunities for improving healthcare that this project will provide.

Sincerely,

John A. Brose, D.O., FAAFP  
Dean

Ohio University College of Osteopathic Medicine



Internet2  
Office of the President & CEO  
1000 Oakbrook Drive, Suite 300  
Ann Arbor, MI 48104  
(734) 913-4250  
(734) 913-4255 (fax)  
[www.internet2.edu](http://www.internet2.edu)

May 1, 2007

Jeremy D. Marcus  
Chief, Telecommunications Access Policy Division  
Wireline Competition Bureau  
Federal Communications Commission  
445 12 Street, SW  
Washington, DC 20554

Dear Mr. Marcus:

On behalf of Internet2, I am pleased to write in strong support of the proposal that is being submitted jointly by the Adena and O'Bleness Health Systems to the Federal Communication Commission in response to the Rural Health Care Support Mechanism, WE Docket No. 02-60.

This proposal's strengths include its:

- Consortium of nine members, including non-profit health systems, academic medical centers, health care organizations, and the Ohio Supercomputer Center;
- Focus on 15 rural counties (including 9 of the 10 most impoverished areas in Ohio), 17 federally designated Health Professional Shortage Areas, and areas with Rural-Urban Community Area codes as high as 10;
- Inclusion of more than 50 health care facilities, including 17 Federally Qualified Health Clinics, 9 Critical Access Hospitals, and 6 Rural Health Clinics;
- Creation of a pilot project to serve as a model for other rural areas;
- Leadership derived from within the rural service region and commitment of the two largest non-profit health systems to leverage resources and health professional relationships;
- Linkages to the statewide emergency communications network and K20 initiatives;
- Use of Internet2's high bandwidth network to provide access to unmatched content and support; and
- Likelihood of enhancing telehealth in Ohio through a unified, inclusive, and sustainable network, enhancing collaboration among health care providers, enhancing continuing education efforts, improving access to specialty medical care (particularly in the areas of neonatal and psychiatric care), enhancing

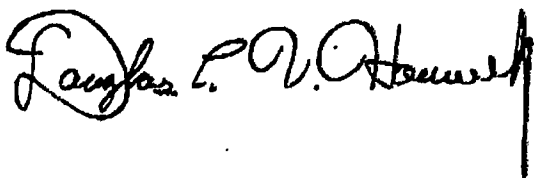
the timely and accurate delivery of health care records and creating a regional health information organization (RHIO), improving emergency communications, and cost-effectively improving statewide health care.

The proposal will utilize the new Internet2 Network and the regional networks to expand the telehealth infrastructure and provide high speed connections to all participants. By incorporating Internet2's middleware, security, and performance measurement tools, it also will provide secure exchange of medical records, permit remote access to expert diagnosis and treatment, increase cost-efficiencies by reducing costs associated with travel, and enhance training and research collaboration with secure multi-site videoconferencing. The use of Internet2's network not only will provide an effective, secure, and system for statewide and national telehealth and telemedicine, but also will ensure that training and other integrated resources will be incorporated to optimize the network's utility. In doing so, the regional network that will be created will facilitate the exchange of reliable data, and digital image, voice, and video transmissions with quality to enhance real-time clinical consultation.

Internet2 is the foremost U.S. advanced networking consortium. Led by the research and education community since 1996, Internet2 promotes the missions of its members by providing both leading-edge network capabilities and unique partnership opportunities that together facilitate the development, deployment and use of revolutionary Internet technologies. The Internet2 Network and its member community innovations in middleware, security, educational networking, and partnerships with premier federal agencies such as NIH are uniquely positioned to deliver high performance, flexible, low-cost connectivity in support of healthcare needs on a sustained basis on the local, regional, state, and national levels. In the process, these partnerships are likely to expand technological capabilities, increase the range of geographical access to sophisticated treatment modalities, and redefine the parameters of disease diagnosis, treatment, and management.

We are pleased to offer our strong support for this innovative proposal, which will enhance the provision of telehealth and telemedicine services regionally and nationwide.

Sincerely,

A handwritten signature in black ink, reading "Douglas E. Van Houweling". The signature is written in a cursive style with a long vertical line extending downwards from the end.

Douglas E. Van Houweling  
President and CEO, Internet2

## **Letters of Support**

**Additional letters of support were not available at time of mailing.**

**We will forward the additional letters to be added to the application as soon as they are received.**



## Marcus J. Bost

**Marcus J. Bost** is the Chief Information Officer and Director of Information Technology for Adena Health System, Chillicothe, Ohio. His career has been diverse, with positions at all levels and across several industries and has included key IT positions with UPS, Boehringer Ingelheim and Horizon TELCOM.

Some of his major accomplishments have included the start-up of Horizon Technology, a division of Horizon TELECOM. Horizon Technology's focus was on the future of telecommunications including VoIP, wireless networks, and multimedia applications. The division reached profitability within its third year of business.

Marcus was Project Director for Ohio TeleHELP, an innovative pilot program that leverages technology to deliver healthcare services to the underserved in both urban and rural communities. The pilot project has already received Legislative approval for Medicare and commercial insurance coverage for procedures and consultations delivered via video. Ohio TeleHELP currently has 12 locations throughout central Ohio providing care to 150 patients daily. Fully implemented, TeleHELP could help the state save \$14 million annually in transportation to and from retirement facilities.

Marcus earned his degree in sociology from Ohio University while serving in the Ohio Air National Guard. He is certified in PMP, CNE, MCSE, Sonic Wall Security Expert; Apple certified Technician and Polycom video expert. He is an active community member and leader, serving as Treasurer for the Ross County Junior Achievement, Campaign Support Chair for the annual United Way Campaign and Technology Chair at Bishop Flaget School. His greatest joy is being a husband to Amy and father to Michael, Spencer, Fletcher and Mary Elizabeth.

Adena Health System is a multi-hospital, integrated healthcare delivery system located 45 miles south of Columbus, Ohio. Founded in 1895, the health system began as a sole community hospital serving Ross County. Today, Adena serves more than 160,000 people across eight counties with two hospitals, integrated physician practices, urgent care centers, ambulatory care centers, inpatient physical rehabilitation and home care services.